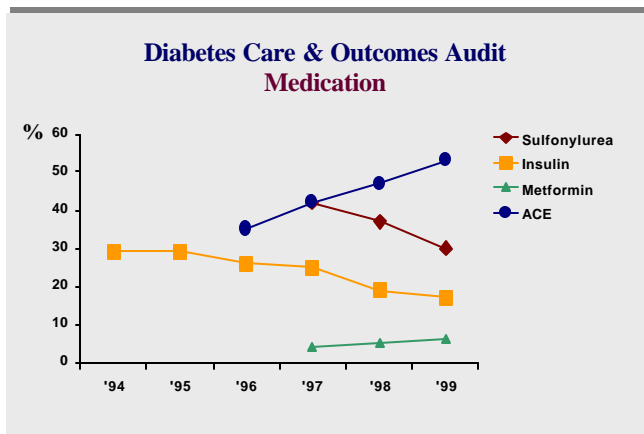


Indian Health Best Practice Model

Medications for Diabetes Care

Why is this important?

Most people with diabetes need medicines to lower blood sugar, blood lipids and to control blood pressure to prevent diabetes complications. In recent years, a number of new, more effective, drugs have been developed for type 2 diabetes. These drugs act in different ways to lower blood sugar and improve insulin usage. New drugs to control blood pressure and blood lipids are also available to help reduce the risk for heart and kidney disease. Unfortunately, the cost of these drugs may inhibit their widespread use in American Indian/Alaska Native communities with large numbers of people who have diabetes. Indian health pharmacy budgets remain flat line while drug costs increased 25% last year alone. Diabetic patients use a higher percentage of medications than any other patient population. Dr. David Kendal of the International Diabetes Center has stated that the “average diabetic patients will need to take 5 to 6 medications a day” to control their diabetes and have the best chance to avoid diabetic problems. To provide quality diabetes care, health care providers must have access to the necessary tools, including effective medicines. Today, diabetic patients are taking more medications to control their diabetes and improve their overall quality of life.



What measures are used?

▶ The **Indian Health Diabetes Care and Outcomes Audit** measures the number of people using medicine for blood sugar control and to protect their kidneys. The graph shows the trends in medicine use.

▶ The **average cost of drugs** for one person with diabetes is about \$2,000 per year. These are drugs used to lower blood sugar, blood pressure, blood lipids and protect kidney function. Other drugs for heart, mental health or other problems are not included.

▶ Examples of Drug Prices:

- Rosiglitazone (blood sugar) at 8 mg/day for one patient for one year = \$978.20
- Metformin (blood sugar) at 2500 mg/day for one pt./year = \$529.25
- Glyburide (blood sugar) at 20 mg/day for one pt./year = \$14.60
- Simvastatin (blood lipids) at 80 mg/day for one pt./year = \$383.25
- Gemfibrozil (blood lipids) 600 mg BID for one pt./year = \$36.50
- Fosinopril (blood pressure) for one pt./year = \$54.75
- Fluoxetine (depression) for one pt./year = \$419.75

How does your program compare?

- ▶ Find out your clinic's current budget for diabetes related drugs. Is it enough?
- ▶ Is your health care team limiting the use of certain drugs due to high cost
- ▶ How easy is it for your patients to access total pharmacy care
- ▶ Look at your audit trends, would the outcomes be better if other medicines were available?

Contributing grant funds to the pharmacy budget may help with diabetes care in your community. Here are some issues you may want to consider:

- How much does your program spend on diabetes medicines per person, per year? If you had more funds, would more people receive needed medicines? Would more funds impact the availability of medication?
- Is your present pharmacy program meeting the needs of your community? Are all people with diabetes who need blood pressure or lipid lowering drugs receiving them? How would more funds affect these needs?
- Are the new drugs for type 2 diabetes available in your pharmacy?
- Are people with diabetes receiving adequate education/information on how to take their medicines?
- Is your clinic staff, including physicians and pharmacists, up-to-date on new medicines and how to prescribe them?
- Does your clinic offer pharmacy-based programs to improve patient access to pharmacy services and assist patients in managing multiple drug-patient treatment programs prescribed by physicians?